| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                                  |            | Docket Number (Optional)   |                |
|---|----------------------------------|------------|----------------------------|----------------|
| FY 2009   |                                  |            | 0470 - 048036              |                |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Application Number 10/519,639  |                                  |            | Filed 2/8/2006             |                |
| For "Process for Cleaning Filters"  |                                  |            |                            |                |
|   |                                  |            |                            |                |
| Art Unit 1792   |                                  |            | Examiner Saeed T. Chaudhry |                |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |            |                            |                |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |            |                            |                |
|   |                                  | <u>Fee</u> | Small Entity Fee           |                |
|   | One month (37 CFR 1.17(a)(1))    | \$130      | \$65                       |                |
|   | Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                      | \$             |
| $\checkmark$  | Three months (37 CFR 1.17(a)(3)) | \$1110     | \$555                      | <u>\$ 1110</u> |
|   | Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                      | \$             |
|   | Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                     | \$             |
| Applicant claims small entity status. See 37 CFR 1.27.  |                                  |            |                            |                |
| A check in the amount of the fee is enclosed.   |                                  |            |                            |                |
| Payment by credit card.   |                                  |            |                            |                |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |            |                            |                |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  |                                  |            |                            |                |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038.                   |                                  |            |                            |                |
| I am the applicant/inventor.  |                                  |            |                            |                |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                                  |            |                            |                |
| attorney or agent of record. Registration Number22,132  |                                  |            |                            |                |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |                                  |            |                            |                |
| May 4, 2009   |                                  |            |                            | 2009           |
| Signature   |                                  |            | Date                       |                |
| William H. Logsdon  |                                  |            | 412-471-8815               |                |
| Typed or printed name   |                                  |            | Telephone Number           |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |            |                            |                |
| Total of  |                                  | submitted. |                            |                |